

TELEPHONE CONVERSATION RECORD

DATE OF CALL: 10/11/91 TIME OF CALL: 10:50

PERSONS INVOLVED:

- 1) Kevin Dyer, Remediation Services, Inc.
2) Sharon Martin, FITOM-KC
3) _____ 4) _____

PROJECT TITLE: Laclede PROJECT NUMBER: FMO# 5795A

CLIENT: EPA

SUBJECT OF CALL: IDW

RESUME OF CONVERSATION:

He said it would cost \$55 per drum for solids than originally bid (different disposal facility). However the total cost of subcontract will not be exceeded as we had double costs in it (accidentally) for the liquids. He said he's working on when it will occur. He will fax me and change order for me to sign. But he's working on getting it done by 31st!

J. Martin
Sharon 10/11/91

I also called Randall Lewis 314/621-0522 and told him we'd have the drums out by the 31st.

SPM

CC: _____

0725



Superfund

0400

10.0

ES



North American Environmental
Corp.
Remediation Services, Inc.

Fed K57680010001
Mo 003708
IL 9202095033

September 12, 1991

Mr. Kurt Limesand
Ecology & Environmental
Cloverleaf Building #3
6405 Metcalf
Overland Park, Kansas 66202

Dear Kurt:

Enclosed are the generator ID forms for Laclede Coal Gas.

If you have any questions or problems, please call.

Sincerely,

Kevin E. Dyer

Enclosures
KED/cks

gave to Secretary
2:30 pm
9/20/91
called around
Limes on 10/4
Kevin said the
facility in Overland
would need 8 weeks
to get a permit so he
is going to the
attest place
which may
not require
2 weeks.
I notified him
of the end of
our contract
on the 31st.



MISSOURI DEPT. OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
P.O. BOX 176 JEFFERSON CITY, MO 65102
314-751-3176

DATE:

Sept. 10, 1991

TO:

Kurt Linesand

Ecology + Environment~~al~~, Inc.

Cloverleaf Building 3

6405 Metcalf

RE:

Overland Park, KS 66202

We are pleased to send the attached material in response to your recent request.

NOTE



Please feel free to call on us any time we may be of service.

activity form

FROM:

Kenneth Purvis

MO 780-1203 (1-90)



MISSOURI DEPARTMENT OF NATURAL RESOURCES - WASTE MANAGEMENT PROGRAM

P.O. BOX 176 (314) 751-3176

JEFFERSON CITY, MISSOURI 65102

GENERATOR'S HAZARDOUS WASTE REPORT SUMMARY SHEET

PART I

OFFICE USE ONLY

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

Regardless of whether any off-site shipment occurred, as a registered generator of hazardous waste, you must complete, sign, and transmit this form to the Department of Natural Resources.

SECTION A - REPORT IDENTIFICATION**1. TYPE OF REPORT (CHECK ONE)**☐ QUARTERLY ☐ ANNUAL (NON-GENERATOR)

(IF ANNUAL CHECKED, PLACE X IN 6-30 BOX)

2. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)☐ 9-30- ____ (YEAR) ☐ 12-31- ____ (YEAR)☐ 3-31- ____ (YEAR) ☐ 6-30- ____ (YEAR)**3. PAGE**1 OF ____**SECTION B - GENERATOR IDENTIFICATION****4. GENERATOR'S NAME****5. GENERATOR'S USEPA I.D. NUMBER****6. GENERATOR CONTACT PERSON (NAME)****TELEPHONE NUMBER****7. GENERATOR'S MISSOURI I.D. NUMBER****8. MAILING ADDRESS****CITY****STATE****ZIP CODE****9. PLANT ADDRESS****CITY****STATE****ZIP CODE****10. NAME OF PARENT FIRM****OFFICE USE ONLY****SECTION C - STATUS OF WASTE GENERATED (CHECK ONE)****11.**☐ SHIPPED OFF-SITE. Complete part 2, attach completed hazardous waste manifests, sign certification and transmit to the department.**12.**☐ REPORTABLE QUANTITY NOT GENERATED. Sign certification and transmit to the department.**13.**☐ REPORTABLE QUANTITY GENERATED BUT NOT SHIPPED OFF-SITE THIS QUARTER. Sign certification and transmit to the department. (Do not complete Part 2).**SECTION D - COMMENTS****14.****SECTION E - CERTIFICATION STATEMENT**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

PRINT NAME**SIGNATURE****DATE**



MISSOURI DEPARTMENT OF NATURAL RESOURCES - WASTE MANAGEMENT PROGRAM

P.O. BOX 176 (314) 751-3176

JEFFERSON CITY, MISSOURI 65102

GENERATOR'S HAZARDOUS WASTE REPORT SUMMARY SHEET

PART II

OFFICE USE ONLY

NOTE ► PLEASE READ INSTRUCTIONS AND EITHER PRINT OR TYPE

Entries made on this page must summarize the total amount of waste transported off-site to an individual facility during the specified quarter. Separate sheets must be completed for each facility utilized.

SECTION F - REPORT IDENTIFICATION

1. FOR THE PERIOD ENDING (CHECK ONE & FILL IN YEAR)

☐ 9-30- ____ (YEAR)☐ 12-31- ____ (YEAR)☐ 3-31- ____ (YEAR)☐ 6-30- ____ (YEAR)

2. PAGE

____ OF ____

3. GENERATOR'S MISSOURI
I.D. NUMBER

.

SECTION G - FACILITY IDENTIFICATION

4. FACILITY NAME (NAME OF OFF-SITE LOCATION WHERE WASTE WAS DELIVERED)

5. FACILITY'S EPA I.D. NUMBER

.

6. FACILITY SITE ADDRESS

7. FACILITY'S MISSOURI I.D. NUMBER

.

CITY

STATE

ZIP CODE

SECTION H - WASTE IDENTIFICATION

LINE	8 DESCRIPTION OF WASTE	9. DOT HAZARD CODE	10. EPA HAZARDOUS WASTE NUMBER	11. PREVIOUSLY REPORTED (SEE INST.)	12. TOTAL AMOUNT OF WASTE	13. UNIT OF MEAS.	14. SPECIFIC GRAVITY	15. HANDLING CODE
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

SECTION I - TRANSPORTATION SERVICES UTILIZED

16	COMPANY NAME	17. MISSOURI ID NO.	18. USEPA I.D. NUMBER
a		H-
b		H-
c		H-
d		H-

SECTION J - COMMENTS

19.



MISSOURI DEPARTMENT OF NATURAL RESOURCES
WASTE MANAGEMENT PROGRAM
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

SEND TO

MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM
P.O. BOX 176, JEFFERSON CITY, MO 65102

FOR OFFICIAL USE ONLY

COMMENTS

C
C

INSTALLATION'S EPA ID NUMBER

APPROVED

DATE RECEIVED

YR. MO. DAY

C
F

T/A C
1

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX NUMBER

C
3

CITY OR TOWN

STATE

ZIP CODE

C
4

III. LOCATION OF INSTALLATION

STREET AND NUMBER

C
5

CITY OR TOWN

STATE

ZIP CODE

C
6

IV. INSTALLATION CONTACT

NAME AND TITLE (LAST, FIRST, AND JOB TITLE)

TELEPHONE NUMBER

C
2

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP (ENTER CODE)

C
R

VI. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)

A. HAZARDOUS WASTE ACTIVITY

B. USED OIL FUEL ACTIVITIES

- ☐ 1a. GENERATOR ☐ 1b. LESS THAN 1,000 KG./MO.
☐ 2. TRANSPORTER
☐ 3. TREATER/STORER/DISPOSER
☐ 4. UNDERGROUND INJECTION
☐ 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark appropriate boxes below)
☐ A. GENERATOR MARKETING TO BURNER
☐ B. OTHER MARKETER ☐ C. BURNER

- ☐ 6. OFF-SPECIFICATION USED OIL FUEL
(enter 'X' & mark appropriate boxes below)
☐ a. GENERATOR MARKETING TO BURNER
☐ b. OTHER MARKETER
☐ c. BURNER
☐ 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER)
WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION

VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE

(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)

- ☐ A. UTILITY BOILER ☐ B. INDUSTRIAL BOILER ☐ C. INDUSTRIAL FURNACE

VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))

- ☐ A. AIR ☐ B. RAIL ☐ C. HIGHWAY ☐ D. WATER ☐ E. OTHER (SPECIFY)

IX. FIRST OR SUBSEQUENT NOTIFICATION

Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.

- ☐ A. FIRST NOTIFICATION ☐ B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)

C. INSTALLATION'S EPA I.D. NUMBER

ID - FOR OFFICIAL USE ONLY																													
C W																T/A		C 1											
X. DESCRIPTION OF HAZARDOUS WASTE																													
A. Wastes from Nonspecific Sources (F-List). Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.																													
WASTE I.D. NO.																													
AMOUNT AND FREQUENCY				lbs.				lbs.				lbs.				lbs.													
B. Wastes from Specific Sources (K-List). Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.																													
WASTE I.D. NO.																													
AMOUNT AND FREQUENCY				lbs.				lbs.				lbs.				lbs.													
C. Commercial Chemical Product Wastes (W and P Lists). Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.																													
WASTE I.D. NO.																													
AMOUNT AND FREQUENCY				lbs.				lbs.				lbs.				lbs.													
D. (Reserved)																													
E. Characteristics of Nonlisted Hazardous Wastes. Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.																													
AMOUNT AND FREQUENCY				1. IGNITABLE (D001)				2. CORROSIVE (D002)				3. REACTIVE (D003)																	
				lbs.				lbs.				lbs.																	
AMOUNT AND FREQUENCY				4. TOXIC Enter the four-digit number which identifies each characteristic toxic waste. Below each number, enter the monthly generation amount and frequency.																									
				lbs.				lbs.				lbs.				lbs.													
MISSOURI REQUIRED INFORMATION																													
MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED) _____																													
PRINCIPAL BUSINESS ACTIVITY _____																													
S.I.C. CODE (LEAVE BLANK IF UNCERTAIN) 																													
CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY <input type="checkbox"/>																													
XI. CERTIFICATION																													
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																													
SIGNATURE										NAME AND OFFICIAL TITLE (TYPE OR PRINT)										DATE									

FOR AGENCY USE ONLY
GENERATOR I.D.#

TRANS
CODE

TRANS DATE

INITIALS

1 10 14 A 15 / / 20 XXX 21 23

ILLINOIS GENERATOR ID NUMBER REQUEST FORM

Effective July 1, 1991, all requests not submitted on this form will be rejected. Instructions for completing this form are printed on the reverse side of this page.

INFORMATION MUST BE TYPEWRITTEN.

CARD

TYPE GENERATOR NAME:

010
11 13 24 53
LOCATION (Not P.O. Box):

020
11 13 24 48
CITY: 55 STATE: 74 75 76

ZIP: 77 85 COUNTY:

TELEPHONE: 86 89 92

CONTACT PERSON: 96 120
MAILING ADDRESS (If different than above):

030
11 13 54 78
P.O. Box: 79 84 CITY: 85 104
STATE: 105 106 ZIP: 107 115

WASTE DESTINATION (TSD Facility):

ADDRESS:

CITY, STATE, ZIP:

*TSD Facility's Illinois Site Code Number:

*TSD Facility's Generic Permit Authorization Number:

*MUST BE COMPLETED

INSTRUCTIONS
ILLINOIS GENERATOR I.D. NUMBER REQUEST FORM
(JULY 1, 1991)

This form is to be used only by generators that ship their waste outside Illinois or to Illinois TSD facilities having a generic permit to accept the waste stream. Information provided on the application form will be entered into the IEPA computer system in order to assign an Illinois generator I.D. number, to generate waste material inventories and to mail manifest documents. To avoid delays caused by a partially or inaccurately completed application, please read and follow these instructions carefully.

A separate application is required for each location where waste is generated. Once a generator I.D. number is assigned to a specific location, that number remains the same indefinitely. A new application is required only if the physical location of the generator is change. Name changes to assigned generator numbers may be made by notifying the Permit Section in writing.

This application is set up such that typewriter spacing will fit on the dashed lines. The form is to be coded from left to right with a single space left between words in multiple word phrases. Since the application is printed on "no carbon required" paper, typewriter corrections must be made with correction fluid. The entire application (two (2) pages with three (3) colored carbon copies) must be returned to the Illinois EPA. Applications which do not include all of the required items will be rejected. INFORMATION MUST BE TYPEWRITTEN.

PAGE ONE

GENERATOR NAME: Provide the generator's official business name.
LOCATION (Not P.O. Box): Provide the street location, not P.O. Box number, where the waste is generated.
CITY, STATE, and ZIP: Provide all information.
COUNTY: Provide the county name.
TELEPHONE: Provide the complete telephone number including the area code.
CONTACT PERSON: This is the individual that is to receive correspondence regarding the assignment of a generator number and will receive the generator package, including fee-exempt manifest forms.
MAILING ADDRESS (if different than above): P.O. BOX, CITY, STATE, & ZIP: This mailing address, if different from above, is specific only to the generator of the waste. Provide information as requested.
WASTE DESTINATION (TSD Facility): Indicate the name of the treatment, storage or disposal facility that will accept the waste.
ADDRESS: Provide the site address.
CITY, STATE, ZIP: Provide all information.

*TSD Facility's Illinois Site Code Number: The IEPA-assigned 10 digit FIPS code for the facility, NOT the USEPA-assigned 12 digit alphanumeric code. This information is available from the TSD facility.

*TSD Facility's Generic Permit Authorization Number: The IEPA-assigned 6 digit generic waste stream authorization number of the Illinois facility. If the waste is shipped outside Illinois, leave this space blank. This information is available from the TSD facility.

PAGE TWO

Signature of Generator: All applications must be signed by the owner or operator of the waste location. The application must contain original signatures.

Date: Current date.

Complete manifest form information.

Signature of Person Making Request (if different than generator): Company Name, Telephone, Date: Provide all requested information.

Generator Shipping Address: Type the address for UPS delivery of the generator package. DO NOT USE POST OFFICE BOX NUMBERS. UPS will not deliver to post office boxes.

GENERAL INFORMATION

Return the entire application to the Illinois Environmental Protection Agency, Division of Land Pollution Control (#24), Permit Section, 2200 Churchill Road, Post Office Box 19276, Springfield, IL 62794-9276.

A copy of this form will be returned to the generator via UPS delivery when a generator number has been assigned. Twenty (20) fee-exempt manifest forms and a manifest order form will be enclosed for the generator's use. Waste shipments cannot be made until receipt of this package.

Generator numbers will be assigned only on receipt of this form. Telephone requests will not be accepted. Requests for information on numbers previously assigned must be submitted in writing to the Permit Section. Responses to these requests will be in writing. Information will not be given by telephone.

Questions regarding completion of this form may be directed to the Permit Section Administrative Support Unit at 217/782-6761.

AUTHORIZATION STATEMENT

I authorize this request for assignment of an Illinois generator number. This company has not previously shipped waste from this location under the Illinois Manifest System. If my waste is a RCRA hazardous waste, I certify this company has or has applied for a USEPA generator ID Number.

Signature of Generator: _____
(Owner or Operator)

Date: _____

Illinois Uniform Hazardous Waste Manifests are required for all Special Waste shipments coming into Illinois, within Illinois and from Illinois to states not providing their own manifests.

Indicate the quantity and type of manifest(s) needed:

_____ Nonhazardous (circle one) Pin-Fed Snap-Top

_____ Hazardous (circle one) Pin-Fed Snap-Top

Signature of Person Making Request (if different than generator):

Company Name: _____

Telephone: _____ Date: _____

Return this form to: Illinois Environmental Protection Agency
Division of Land Pollution Control (#24)
Permit Section
2200 Churchill Road
Post Office Box 19276
Springfield, Illinois 62794-9276

Generator shipping address: (Post Office Box Not Acceptable)

TO: _____
ATTN: _____

CA:rmi/4432n/1-2